



State of New Jersey
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS
POST OFFICE BOX 340
TRENTON, NEW JERSEY 08625-0340

JON S. CORZINE
Governor
Commander-in-Chief

☆☆
GLENN K. RIETH
Major General
The Adjutant General

DEPARTMENTAL STAFF MEMORANDUM
NO. 230.10

3 January 2008
Date Expires: 31 December 2008

STATE EMPLOYEES VOLUNTARY FURLOUGH PROGRAM

1. PURPOSE: The purpose of this departmental staff memorandum is to establish departmental policy and procedures for the administration of the State Employee Voluntary Furlough Program. This memorandum is subject to New Jersey Department of Personnel (NJDP) written amendments, effective on or about 1 July of each new fiscal year.

2. APPLICABILITY: The State Employee Voluntary Furlough Program applies to all State employees except:

- a. Employees occupying essential direct health care positions.
- b. Operational essential employees.

3. REFERENCES:

- a. New Jersey Administrative Code Title 4A (Personnel) (NJAC 4A:6-1.23).
- b. NJDP letter, subject: Voluntary Furlough Program dated 20 December 2007.

4. DEFINITIONS:

a. Voluntary Furlough Program - lessens the need for reductions in force by allowing employees in the career, senior executive or unclassified services to take up to 30 days off from work without pay in a calendar year, with accrual of leave time, anniversary dates and seniority treated as if the employee is in pay status.

b. Application for Voluntary Furlough – Written request to participate in the Voluntary Furlough Program. (Appendix 1 – DMAVA Form 230.10 dated 3 January 2008)

c. Furlough Extension Leave – an employee must submit a second application for voluntary furlough leave when requesting to use over 30 days of unpaid leave as voluntary furlough.

5. PROCEDURE:

a. An employee who wishes to participate in the program shall complete the Application for Voluntary Furlough form and submit it to the Division Manager or equivalent. The employee shall not be permitted to take voluntary furlough until the employee has received written approval from the Deputy Commissioner.

b. The employee must specify the manner in which he/she proposes to use the voluntary furlough. The proposal may be the equivalent of no more than 30 days in a calendar year. It may consist of one or more of the following:

- (1) Shorter work days; or
- (2) Intermittent days off; or
- (3) Consecutive days off.

a. The Adjutant General may deny an employee the opportunity to participate in the program if it is detrimental to the public health, safety or welfare or would result in increased costs due to increased overtime, the need to appoint additional employees or the loss of anticipated revenue.

b. An employee who wishes to extend a voluntary furlough beyond 30 days may request up to 60 days furlough extension leave without pay. This furlough extension leave shall be taken in blocks of 10 work days, which need not be consecutive.

c. Requests for furlough extension leave are subject to approval by the Adjutant General and Department of Personnel.

6. TERMS and CONDITIONS:

a. An employee shall not be permitted to use a voluntary furlough for any of the following purposes:

- (1) As sick leave;
- (2) As a leave without pay due to disability; or
- (3) To seek or engage in alternate employment

b. When an employee uses voluntary furlough or furlough extension leave for a purpose covered by the New Jersey Family Leave Act (FLA) or the Federal Family and Medical Leave Act (FMLA) and the employee is eligible for coverage under the FLA or FMLA, the voluntary furlough or furlough extension leave shall be recorded as FLA leave, or FMLA leave, or both as appropriate.

c. During furlough extension leave, accrual of leave time, anniversary dates and seniority shall be treated as if the employee is in pay status. The employee may continue health benefits by paying the full premium amount (employers and employee's share) for the furlough extension's days in accordance with the regulations of the State Health Benefits Commission.

d. Furlough extension leave may be used for education or family care needs only.

e. An employee on voluntary furlough or furlough extension leave shall continue to accrue leave time as if the employee is in pay status.

(HRD)

OFFICIAL:

A handwritten signature in black ink, appearing to read "David S. Sneider", with a long horizontal flourish extending to the right.

DAVID S. SNEDEKER
Chief Information Officer
Director, Information and Administrative
Services Division

GLENN K. RIETH
Major General, NJARNG
The Adjutant General

DISTRIBUTION: A, A1, A2, E, F

Encl

NJ DEPARTMENT OF MILITARY & VETERANS AFFAIRS

Application for Voluntary Furlough
(Effective through 31 December 2008)

INSTRUCTIONS FOR FURLOUGH APPLICATIONS

- Furlough requests must be submitted 7 days prior to the pay period in which furlough days are to be taken.
- If you wish to cancel your approved furlough request, cancellations must be received one pay period in advance of the scheduled time off.
- Timekeepers are to notify the payroll clerk on the last Friday of the pay period in which furlough time was taken.
- All furlough requests must be submitted to the Human Resources Division for processing.
- Furlough requests disapproved by a Division Director must be forwarded to the Director of the Human Resources Division, with written documentation stating the reason for denial.
- An employee shall not be permitted to use a voluntary furlough for any of the following purposes: sick leave; a leave without pay due to disability; or to seek or engage in alternate employment.
- Final approval for all furlough requests is to be granted by the Deputy Commissioner.

NAME

WORK LOCATION

DATE
(mm/dd/yy)

Please check which type of furlough you want and fill in the dates for the period of time in the blank spaces provided.

1. Shorter Workday: (must be taken in one-hour increments)

☐ Number of hours: _____

I am requesting consideration of the above be given for the period:

_____ through _____
(mm/dd/yy) (mm/dd/yy)

2. Intermittent days or weeks:

☐ 1 day / pay period

☐ 1 week / pay period

☐ 1 day / week

☐ 1 week / month

☐ 2 days / week

☐ 1 week / year

I am requesting consideration of the above be given for the period:

_____ through _____
(mm/dd/yy) (mm/dd/yy)

3. Day Options: (Single day or days on a one-time basis)

I am requesting consideration of the above be given for the period:

SPECIFY DATES (mm/dd/yy)

4. Consecutive Days/Extended Leave Options:

☐ Aggregate of time up to 30 days for any one furlough

☐ May be renewed at appointing authority option, but is treated as a new furlough for days exceeding 30.

I am requesting consideration of the above be given for the period:

_____ through _____
(mm/dd/yy) (mm/dd/yy)

I fully understand that I will not be compensated for furlough leave.

EMPLOYEE

DIRECTOR

☐ Approved

☐ Disapproved

DATE

DEPUTY COMMISSIONER

☐ Approved

☐ Disapproved

DATE